



**TOWN OF HINGHAM**  
**BOARD OF HEALTH**  
210 Central Street, Hingham, MA 02043-2762  
(781) 741-1466 Fax (781) 804-2373  
Email: HealthDirector@Hingham-Ma.com

**APPLICATION FOR PERMIT TO OPERATE A FOOD  
ESTABLISHMENT**

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_ Tel. # \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name Applicant \_\_\_\_\_ Email \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Name of Owner (if different from applicant) \_\_\_\_\_

If corporation or partnership, give name, title & home address of offices or partners:

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Address \_\_\_\_\_

Federal ID # \_\_\_\_\_

**Emergency Response Person: Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

Type of Establishment \* \_\_\_\_\_ Fee \_\_\_\_\_ Fee \_\_\_\_\_

Retail Food I : Full Service Grocery \_\_\_\_\_ Critical Violation \_\_\_\_\_

Retail Food II: Convenience Store \_\_\_\_\_ Administrative Hearing \_\_\_\_\_

Retail Food III: Restaurant w/ Liquor License \_\_\_\_\_

Retail Food IV: Restaurant w/o Liquor License or take out \_\_\_\_\_

Retail Food V: Pre-Packaged food incidental to primary business \_\_\_\_\_

Food Service I: meets definition contained in 105 CMR Section 590.00 \_\_\_\_\_

Food Service II: limited food preparation incidental to primary business \_\_\_\_\_

Caterer \_\_\_\_\_ Frozen Food Mfr \_\_\_\_\_

Mobile Food \* \_\_\_\_\_ **TOTAL \$ DUE:** \_\_\_\_\_

Store Milk \_\_\_\_\_ **PAYMENT IS DUE WITH APPLICATION**

**MADE OUT TO: TOWN OF**

**HINGHAM**

**\*Applications for mobile food units must include a list of hand wash/toilet facilities available on each route.**

**\*Copy of Vehicle Registration to be attached. Copy of Peddler's license to be attached.**

**\*Attach a copy of ServSafe and Allergen Awareness Certification**

**\*Attach a copy of your contract with a Rubbish Hauler and Recycling Contract**

**\*See Fee Schedule**

**PLEASE ALSO FILL OUT OTHER SIDE.**

**Additional Information:** Water Source\_\_\_\_\_ Sewage Disposal\_\_\_\_\_

Days of Operation\_\_\_\_\_Hours of

Operation\_\_\_\_\_

**If Restaurant:** # of Seats\_\_\_\_\_ Person Trained in Anti-Choking Procedures (if 25 seats or more) Y\_\_ N

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Do you recycle? \_\_\_\_\_Haulers

Name\_\_\_\_\_

**Restrictions on Permit:** (Board of Health to fill out)

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***Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law:***

\_\_\_\_\_  
Social Security # or Federal ID #

Name

\_\_\_\_\_  
Signature of Individual or Corporate

by

\_\_\_\_\_  
Corporate Officer (if applicable)

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR REVISION**